

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
			<i>2016.01.28</i> <i>10258</i>
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: Mack-Cali Realty			
Address: 1100 Valley Brook Ave, PO Box 790			
City: Lyndhurst		State: NJ	ZIP: 07071
Contact: Damian Finley			Tel: 914-593-7936
REMOVAL CONTRACTOR: Microtech Contracting Corp			
Address: 38 Kean St			
City: West Babylon		State: NY	ZIP: 11704
Contact: Peter Staiano			Tel: 631-243-5559
OTHER OPERATOR:			
Address:			
City:		State:	ZIP:
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (Yes/No): Y			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name:			
Address: 400 Executive Blvd			
Address:			
City: Elmsford		State: NY	County: Westchester
Site Location: Floor			
Building Size:	SqMeter:	SqFt: 42200	# of Floors: 1
Age in Years: 46			
Present Use: Commercial		Prior Use: Commercial	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Sample			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	10048 Sq Ft VAT, Mastic		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 2/11/16		Completion: 1/13/17	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start:		Completion:	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name: Codi Transport Ltd

Address: 72 Allen Blvd

City: Farmingdale

State: NY

ZIP: 11735

Contact Person:

Telephone: 631-694-6001

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Southern Alleghenies

Address: 843 Miller Picking Rd

City: Davidsville

State: PA

ZIP: 15928

Telephone: 814-479-2483

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date